ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION			
	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER FORMALITY REVIEW	pu	3	abo
RESPONSE FORMALITY REVIEW	SIMN	1021	08/14/01
		700	11-16-01

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

Date

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